



Melissa Guzman <me.guzman@casamd.org> on 01/08/2015 03:04:31 PM

To: 2022190174@fec.gov,
cc:

Subject: 24hr Report - Casa in Action

To whom it may concern,

Casa in Action's 24hr amended report is attached.

Thanks,
Melissa

Melissa Guzman
Director of Finance
CASA de Maryland, Inc.
8151 15th Avenue, Langley Park, MD 20783
Direct: 301.270.3270 Fax: 301.270.8659
www.casademaryland.org



24hr Report.pdf

10084 0101 1010 1010

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | |
|--|---------------------------------------|
| 1. (a) Name of Individual, Organization or Corporation Casa in Action, Inc. | |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8151 15th Avenue | |
| (c) City, State and ZIP Code Hyattsville, MD 20783 | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | 3. FEC Identification Number C |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☒ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☐ No ☒ Yes, It amends the report filed on

10/22/2014

5. COVERING PERIOD: FROM
THROUGH

10/22/2014
10/22/2014

6. TOTAL CONTRIBUTIONS.....

1000000

7. TOTAL INDEPENDENT EXPENDITURES

569262

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Melissa Guzman, Director of Finance



1/8/15

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 2 OF 9

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Casa in Action

A. Full Name (Last, First, Middle Initial)

Center for Community Change Action

Mailing Address

1536 U Street, NW

City

State

Zip Code

Washington

DC

20009

FEC ID number of contributing federal political committee.

C 9 0 0 1 2 1 1 3

Date of Receipt

10 / 30 / 2014

Amount of Each Receipt this Period

10,000.00

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional) 10,000.00

TOTAL This Period (last page carry total to Line 6) 10,000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Casa in Action

Full Name (Last, First, Middle Initial) of Payee

Baires, Elizabeth

Mailing Address

10404 Lucasville Road

City

Manasas

State

VA

Zip Code

20112

Date of Public Distribution/Dissemination

10 / 17 / 2014

Amount

157,631

Purpose of Expenditure

Canvassing

Category/
Type

Office Sought:

☒ House

State: VA

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election
for Office Sought

157,631

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Gutierrez, Wesley

Mailing Address

7515 Buchanon Street #30

City

Hyattsville,

State

MD

Zip Code

20784

Date of Public Distribution/Dissemination

10 / 17 / 2014

Amount

157,631

Purpose of Expenditure

Canvassing

Category/
Type

Office Sought:

☒ House

State: VA

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election
for Office Sought

315,261

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Kohn, Isiah

Mailing Address

11506 Love Joy Street

City

Silver Spring

State

MD

Zip Code

20902

Date of Public Distribution/Dissemination

10 / 17 / 2014

Amount

157,631

Purpose of Expenditure

Canvassing

Category/
Type

Office Sought:

☒ House

State: VA

☐ Senate

District: 10

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Calendar Year-To-Date Per Election
for Office Sought

472,891

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

472,891

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Casa in Action

Full Name (Last, First, Middle Initial) of Payee

Sorto, Hada

Date of Public Distribution/Dissemination

10/17/2014

Mailing Address

8644 Piney Branch Road, #201

Amount

City

Silver Spring

State

MD

Zip Code

20901

15763

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought: ☒ House State: VA
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

63052

Disbursement For: ☐ Primary ☒ General
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Sandino, Varinia

Date of Public Distribution/Dissemination

10/17/2014

Mailing Address

5014 37th Place

Amount

City

Hyattsville

State

MD

Zip Code

20782

15763

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought: ☒ House State: VA
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

78815

Disbursement For: ☐ Primary ☒ General
☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Hernandez, Helder

Date of Public Distribution/Dissemination

10/17/2014

Mailing Address

2207 Chapman Road

Amount

City

Hyattsville

State

MD

Zip Code

20783

15763

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought: ☒ House State: VA
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

94578

Disbursement For: ☐ Primary ☒ General
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

47289

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 9
FOR LINE 7 OF FORM 5

| | | | |
|---|-------------------|--|--|
| NAME OF FILER (In Full) Casa in Action | | | |
| Full Name (Last, First, Middle Initial) of Payee Ramos, Junior | | Date of Public Distribution/Dissemination 10 17 2014 | |
| Mailing Address 5646 Whitfield Chapel Road, #103 | | Amount 15763 | |
| City Lanham | State MD | Zip Code 20706 | |
| Purpose of Expenditure Canvassing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 110341 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Gutierrez, Jocelyn | | Date of Public Distribution/Dissemination 10 17 2014 | |
| Mailing Address 6513 Lamont Drive | | Amount 15763 | |
| City New Carrollton | State MD | Zip Code 20784 | |
| Purpose of Expenditure Canvassing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 126104 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Carballo, Rogelio | | Date of Public Distribution/Dissemination 10 17 2014 | |
| Mailing Address 13570 Castlebridge Lane | | Amount 15763 | |
| City Woodbridge | State VA | Zip Code 22193 | |
| Purpose of Expenditure Canvassing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 141867 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 47289 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Casa in Action

| | | | |
|--|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Calvin, Trey | | Date of Public Distribution/Dissemination 10/17/2014 | |
| Mailing Address 27 R Street, NE | | Amount 157.63 | |
| City Washington | State DC | Zip Code 20002 | |
| Purpose of Expenditure Canvassing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: VA District: 10 |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 157.63 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | | |
|--|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Aguilar, Luis Angel | | Date of Public Distribution/Dissemination 10/17/2014 | |
| Mailing Address 6003 Bellview Drive | | Amount 753.55 | |
| City Falls Church | State VA | Zip Code 22041 | |
| Purpose of Expenditure Canvassing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: VA District: 10 |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 2329.85 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | | |
|--|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee US Post Office | | Date of Public Distribution/Dissemination 10/28/2014 | |
| Mailing Address 900 Brentwood Road, NE | | Amount 484.30 | |
| City Washington | State DC | Zip Code 20018 | |
| Purpose of Expenditure Postage for Mailer | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: VA District: 10 |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 2814.15 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

(a) SUBTOTAL of Itemized Independent Expenditures..... 1395.48

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Casa in Action

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Peake, Delancy | | Date of Public Distribution/Dissemination 10/28/2014 |
| Mailing Address 2500 Schuster Drive | | Amount 60120 |
| City Hyattsville | State MD | Zip Code 20781 |
| Purpose of Expenditure Printing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 3 4 1 5 3 5 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Galan, Yaheiry | | Date of Public Distribution/Dissemination 10/17/2014 |
| Mailing Address 8151 15th Avenue | | Amount 68682 |
| City Hyattsville | State MD | Zip Code 20783 |
| Purpose of Expenditure Management | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 4 1 0 2 1 7 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Vladar, Mate | | Date of Public Distribution/Dissemination 10/28/2014 |
| Mailing Address 8151 15th Avenue | | Amount 19995 |
| City Hyattsville | State MD | Zip Code 20783 |
| Purpose of Expenditure Design | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 4 3 0 2 1 2 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

(a) SUBTOTAL of Itemized Independent Expenditures..... 148797

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 8 OF 9
FOR LINE 7 OF FORM 5

| | | | | | | | | | |
|---|-------------------|--|--|--|----------|--|------|---|----------|
| NAME OF FILER (In Full) Casa in Action | | | | | | | | | |
| Full Name (Last, First, Middle Initial) of Payee Carballo, Lindolfo | | Date of Public Distribution/Dissemination 10/17/2014 | | | | | | | |
| Mailing Address 901 South Highland Street, 3rd Floor | | Amount 596.16 | | | | | | | |
| City Arlington | State VA | Zip Code 22204 | | | | | | | |
| Purpose of Expenditure Canvassing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President | | | | | | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 4,898.28 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | |
| Full Name (Last, First, Middle Initial) of Payee Zelaya, Eduardo | | Date of Public Distribution/Dissemination 10/17/2014 | | | | | | | |
| Mailing Address 901 South Highland Street, 3rd Floor | | Amount 303.59 | | | | | | | |
| City Arlington | State VA | Zip Code 22204 | | | | | | | |
| Purpose of Expenditure Canvassing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President | | | | | | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 5,201.57 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | |
| Full Name (Last, First, Middle Initial) of Payee Contreras, Wendy | | Date of Public Distribution/Dissemination 10/17/2014 | | | | | | | |
| Mailing Address 901 South Highland Street, 3rd Floor | | Amount 303.59 | | | | | | | |
| City Arlington | State VA | Zip Code 22204 | | | | | | | |
| Purpose of Expenditure Canvassing | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President | | | | | | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Foust | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 5,505.46 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures.....</td> <td style="width: 40%; text-align: right;">1,203.34</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)</td> <td style="text-align: right;">1,203.34</td> </tr> </table> | | | | (a) SUBTOTAL of Itemized Independent Expenditures..... | 1,203.34 | (b) SUBTOTAL of Unitemized Independent Expenditures..... | 0.00 | (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 1,203.34 |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 1,203.34 | | | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | 0.00 | | | | | | | | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 1,203.34 | | | | | | | | |

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 9 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Casa in Action

Full Name (Last, First, Middle Initial) of Payee

Skype

Date of Public Distribution/Dissemination

10/21/2014

Mailing Address

3210 Porter Drive

Amount

City

State

Zip Code

Palo Alto

CA

94304

3716

Purpose of Expenditure

Communication

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

State: VA

District: 10

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Check One:

☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

3716

Disbursement For:

☐ Primary ☒ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

NGP Van

Date of Public Distribution/Dissemination

10/21/2014

Mailing Address

1101 15th Street, NW

Amount

City

State

Zip Code

Washington

DC

20005

15000

Purpose of Expenditure

Phone bank

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

State: VA

District: 10

Name of Federal Candidate Supported or Opposed by Expenditure:

John Foust

Check One:

☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

15000

Disbursement For:

☐ Primary ☒ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

State: _____

District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary ☐ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

18716

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

569262

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i> | Date of Receipt or Postmarked <i>1/8/2015</i> |
| <i>SB</i> PREPARER | <i>1/8/2015</i> DATE PREPARED |

(8/2013)